

**North Carolina Division of Mental Health,  
Developmental Disabilities, and  
Substance Abuse**

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**Patient Social Security Number**

**INDIVIDUAL SERVICE PLAN**

**OLMSTEAD PLAN:** (Note: This information will be used by the State of North Carolina as a tool for the development of additional services appropriate to meet individual patient needs and preferences. These services may not currently exist and waiting lists may be generated for the identified services.)

**Meeting Participants:**

Present:

Invited but Not Present:

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**CA/LOCUS Assessment or MDS** Level of Care Recommendation:

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Patient/Guardian/Parent **Preference Interview** Findings:

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**Aftercare Planning Issues:**

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| <input type="checkbox"/> Legal/Probation   | <input type="checkbox"/> Treatment Non-compliance                        |
| <input type="checkbox"/> Sexual/High Risk Behavior                                 | <input type="checkbox"/> Medication Non-compliance                       |
| <input type="checkbox"/> Wandering/Self -Injurious Behavior                        | <input type="checkbox"/> Co-occurring Substance Abuse                    |
| <input type="checkbox"/> Fire Setting History                                      | <input type="checkbox"/> Mental Retardation/other co-occurring Diagnoses |
| <input type="checkbox"/> Assaultive/Aggressive Behavior                            | <input type="checkbox"/> Medical/Physical Disability                     |
| <input type="checkbox"/> Prefers A Specific Plan Not Consistent with Level of Care | <input type="checkbox"/> Pattern of Frequent Re-hospitalizations         |
| <input type="checkbox"/> Inadequate Financial Resources to Support Needs           | <input type="checkbox"/> Lack of Family/Other Support System             |
| <input type="checkbox"/> Needs Payee, Guardian, or Power of Attorney               |  |
| <input type="checkbox"/> Other (specify)   |  |

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**OLMSTEAD Post-Institutional Plan:** Briefly note housing, outpatient services, medical services, and other supports necessary to address items identified as Aftercare Planning Issues.) Add another sheet if needed.

Diagnosis:

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Community Living - Preferences/Strengths/Needs:

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Activities, Programming and Treatment - Preferences/Strengths/Needs:

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Formal and Informal Supports - Preferences/Strengths/Needs:

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Other Considerations:

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Preparer's Signature, Title and Date

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Psychiatrist's Signature and Date

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Patient/Parent/Guardian Signature and Date